

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	H6810.0192/P192-A	
		First Inventor	Masaki Yanagisawa	
		Title	PARTICLE BEAM IRRADIATION SYSTEM AND METHOD OF ADJUSTING IRRADIATION APPARATUS	
		Express Mail Label No.		
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>		
3. <input checked="" type="checkbox"/> Specification [Total Pages 65] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper		
5. Oath or Declaration [Total Sheets 4] a. <input type="checkbox"/> Newly executed (original or copy)		c. <input type="checkbox"/> Statements verifying identity of above copies		
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>		ACCOMPANYING APPLICATION PARTS		
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		9. <input checked="" type="checkbox"/> Assignment Papers (copy)		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> Attorney		
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:		11. <input type="checkbox"/> English Translation Document (if applicable)		
<input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/455,497		12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations		
Prior application information: Examiner Not Yet Assigned Art Unit: 2878		13. <input checked="" type="checkbox"/> Preliminary Amendment		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>		
19. CORRESPONDENCE ADDRESS		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>		
<input checked="" type="checkbox"/> Customer Number: 24998 OR <input checked="" type="checkbox"/> Correspondence address below		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
Name DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP		17. <input type="checkbox"/> Other:		
Mark J. Thronson				
Address 2101 L Street NW				
City Washington		State DC	Zip Code 20037-1526	
Country US	Telephone (202) 785-9700	Fax (202) 887-0689		
Name (Print/Type) Mark J. Thronson	Registration No. (Attorney/Agent) 33,082			
Signature Catherine A. Ferguson #40,877	Date September 29, 2003			

FEE TRANSMITTAL for FY 2003		Complete if Known																																																																																																																																																																																			
Effective 01/01/2003, Patent fees are subject to annual revision.		Application Number	Not Yet Assigned																																																																																																																																																																																		
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																																																																																																																																																																					
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Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082																																																																																																																																																																																		
Signature	Catherine A. Ferguson # 40,877		Telephone (202) 775-4742																																																																																																																																																																																		
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